PMH27

SCHIZOPHRENIA CARE AND ASSESSMENT PROGRAM (SCAP): THE IMPACT OF CLINICAL AND FUNCTIONAL CHARACTERISTICS AND ANTIPSYCHOTIC MEDICATION TREATMENT ON OUTPATIENT AND INPATIENT PSYCHIATRIC UTILIZATION

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OBJECTIVE: Examine the impact of clinical syndrome and type of antipsychotic medication on outpatient and inpatient utilization for participants in the U.S. SCAP.
METHODS: Baseline data used to predict 1-year outpatient and inpatient utilization (n = 806). Psychotherapy, clinic visits, rehabilitation treatment, day treatment and hospitalizations examined. Presence of antipsychotics coded for first generation (reference group), second generation, both first and second-generation, and no antipsychotic use. Logistic and negative binomial regressions using predicted values obtained through joint determination (SURE) of clinical/functional status conducted with demographic variables as controls.
RESULTS: Persons with combination of first and second-generation antipsychotics exhibited higher likelihood ($p < 0.001$) and greater number of psychotherapy visits ($p < 0.001$), higher likelihood of day treatment ($p = 0.002$) and shorter hospital length of stay ($p = 0.03$). Persons prescribed only second-generation antipsychotics had higher likelihood ($p = 0.001$) and greater number of psychotherapy visits ($p = 0.03$), lower likelihood and number of clinic visits lower ($p = 0.05$; $p < 0.001$) and higher probability of rehabilitation ($p = 0.04$). Depression (MADRS) and functionality (GAF) exhibited an inverse relationship to number of clinic visits. Higher functioning led to lower probability ($p = 0.001$) of day treatment. Higher QLS scores associated with higher likelihood of day treatment ($p < 0.001$) and fewer inpatient days of care (0.05).
CONCLUSION: This analysis indicates that antipsychotic type impacts probability and number of outpatient services and days of inpatient care; impact however is mixed and warrants further investigation. Clinical and functional status impact utilization; results suggest a 'bimodal' utilization effect. Individuals with higher functioning levels may require fewer services to maintain community functioning; individuals with lower levels of functioning may not be well enough to participate in outpatient services. Findings suggest medication and functional status are significant determinants of inpatient and outpatient utilization; evaluation of these factors may lead to better clinical management and policy decision-making for persons with schizophrenia.

PMH28

IS DONEPEZIL COST-EFFECTIVE IN THE TREATMENT OF ALZHEIMER'S DISEASE (AD)?

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OBJECTIVE: To estimate incremental cost-effectiveness (ICE) of donepezil for mild or moderate AD as compared with option of no treatment in Polish settings.
METHODS: We used Markov model developed by Naumann et al. Model assumptions: treatment duration and drug effect, 6 months; cohort of patients initially split by 50% into mild and moderate disease states; 50% of patients on 5 mg and 50% on 10 mg daily dose of donepezil. Data on costs by stage of disease including: medications, medical equipment, home help and community nurse, were taken from the Polish Alzheimer's Society. Study was conducted from a societal perspective. Three types of outcome were estimated: expected costs, years in state less than severe (SLS), and incremental costs per additional SLS per treated person over 5 years projection.
RESULTS: The difference in expected costs per patient over 12, 24, and 60 months of treatment was: US $634, $520, and $408, respectively. Patients receiving donepezil were predicted to spend additional 0.123 year in less than severe AD compared with untreated patients. Incremental costs of SLS per treated person was $3,315/year. Sensitivity analysis revealed that ICE increased in parallel with the percentage of patients being initially in the mild AD. The difference in the total expected costs of treatment was: $355 and $303 when cohort comprised of 75% and 100% of patients with mild AD, respectively. In these scenarios additional time spent in SLS AD was 0.151 and 0.179 year and incremental costs of SLS was $2,364/year and $1,694/year, respectively. When the duration of treatment and effects were projected for 1 year, incremental costs of SLS was $3,852/year.
CONCLUSION: Donepezil in the treatment of AD is most cost-effective in mild stage of the disease and its cost-effectiveness is reduced when treatment lasts >6 months.

MENTAL HEALTH—*Quality of Life Presentations*

PMH29

THE EFFECTS OF PANAX GINSENG ON QUALITY OF LIFE: A PILOT STUDY

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OBJECTIVE: To assess the time-dependent effects of Panax ginseng on health-related quality of life (HRQOL) using a general health status questionnaire.